

Cal/OSHA ATD Standard Advisory Meeting:
Petition 524: amending subsection (g)(3)B
Wednesday, March 7, 2012 10:00-3:00
Elihu Harris State Building 1515 Clay Street
Oakland, California

Attendees:

Bill Taylor, PASMA
John Connors, Bechtel ES&H
James S. Johnson, JSS & Associates
Thomas F. Eller, American Medical Response
Michael Hill, American Medical Response
Tyler Nguyen, County of Santa Clara
Ed Calderon, Shea Homes
Mike Manieri, Cal/OSHA OSHSB
Bob Nakamura, DOSH
Steve Smith, DOSH

Bob Nakamura opened the meeting at 10:15 thanking attendees and informing them of the general facilities locations and emergency procedures. He asked for self-introductions to be made by attendees, stating their names and affiliations. Then he began the discussion of the proposed amendment:

We are here to talk about Petition # 524, concerning proposed changes to 8CCR 5199(g)(3)(B). The proposal is to allow N100 respirators to be used under the exception which permits P100s to be used instead of PAPRs by EMTs performing high hazard procedures on airborne infectious diseases cases or suspected cases. The proposed exception would only permit the use of N100s for non-oil environments.

We want to follow the agenda. Note the handouts at the back of room. The background on why we are here is as follows. We adopted the ATD standard in 2009, and the enhanced respiratory protection requirements were in effect a year later. This required the use of PAPRs for high hazard procedures but had an exception for emergency medical personnel, exception # 2, allowing use of P100s because PAPRs are more difficult to store and maintain for mobile operations. P100s were specified in the exception because of the NIOSH certifying criteria, also supported by a comment from the International Association of Firefighters (IAFF), which stated that P100s were the most suitable for unknown environments, as this classification is the most resistant for oil environments and also holds up well in high humidity. Also, at the time there were few, if any N100s on the market.

James Johnson, a consultant for Lawrence Livermore National Laboratory, asked for an update on the use of P100s in the field. B. Nakamura responded that we did not have much information regarding the use of P100s for this purpose other than that provided in variance applications. He said he was not aware of any inspections since the provision became effective addressing this issue.

Tom Eller asked about research for exposures, and if there has been any research on the N100s since the ATD standard's adoption by Cal/OSHA? B Nakamura said that there hasn't been much research on N100s. The H1N1 flu pandemic raised supply problems and other issues. As a result the Standards Board began to get requests for

variances for emergency medical services (EMS) use. In the course of making decisions on those variances, the Board decided that if the environment is suitable for N materials, an N100 is as effective as a P100, and granted some variances that provided for the use of alternate respiratory protection, such as an SCBA, and training of personnel. The Board also determined that an N95 was not as protective as a P100.

J. Johnson said he can understand that rationale for a fire service, but can't understand this being true for a non-fire EMS provider. They wouldn't have SCBAS. B. Nakamura replied that there was one variance request for such a private employer. T. Eller said he is with American Medical Response, and that it is their policy that employees will not enter oily environments. He asked if they needed to file for a variance.

B. Nakamura asked what if the person being transported is contaminated?

T. Eller replied that they would put them through the decontamination process.

J. Johnson said that deals with part of the exposure. But what if that person has a disease?

B. Nakamura said the variance conditions and the proposed change don't get them out of the requirement for using respirators.

T. Eller asked what was wrong with N95s? B. Nakamura replied that the N95 was not as protective. The standard requires that higher levels of respiratory protection are required for high hazard procedures performed on patients who are suspected or confirmed cases of airborne infectious diseases, unless the use of the more effective respirator would interfere in the successful performance of the task.

Steve Smith added that there were three variance requests denied that requested to use N95s for high hazard EMS procedures. Four fire departments that had procedures to recognize oil environments were granted variances with conditions. Two more such variance applications are in the hopper. If today's proposal goes through, that would alleviate the need to request a variance. That is why we are here today to talk about the needed conditions and changing the regulation. A variance is needed for these conditions for the standard we have right now. Those four fire departments have that variance from the P100 requirement with four to six conditions such as a requirement to assess the environment for oil contamination.

J. Johnson said that in reality the worker is getting shortchanged; they will have two or more kinds of respirators, in a situation requiring a fast response, a fast decision. This decision is not going to happen in reality. The employer would have to stock and fit test more than the two or three respirators currently. He said that he had a lot of experience with high end sophisticated fire departments. I don't see how they would do it let alone the smaller fire departments or the private sector.

Bill Taylor said he knows of several fire departments capable of handling such conditions. These departments already do fit testing on several respirators, so to do fit testing for one more respirator is not that difficult. Every year the fire departments talk about fit testing several respirators. S. Smith added that one of the last variances granted was to a smaller fire department; their variance conditions would require them to replace all their filtering face piece respirators with N100s. This employer would no longer use N95s. So they would only stock N100s and reduce their

complexity. They would need to fit test only for SCBAs and N100s. J Johnson said that makes sense.

B. Nakamura said that, generally speaking, except for the ATD standard's exception for an initial longer fit testing interval for N95s, we have to stick to the requirements of 8 CCR 5144. We can't approve non-NIOSH approved respirators. We also have to have regulations that are at least as effective as Federal OSHA. These are the limits to the changes we can make. J. Johnson noted that in the proposed change, on the second line from the bottom. Instead of "alternate" I would say "equivalent;" we want equivalent or higher performance.

B. Nakamura said that today's meeting is preliminary to a formal rulemaking process. If there is a formal proposal, there will be a formal comment period, and each comment must be responded to. Initially, proposals are published with a 45 day public comment period. There may be subsequent 15 day comment periods. S Smith added that on the diagram handout, we are at the "preliminary activities" marker. Once we get advice from this process we formulate the formal proposal and send it to the Standards Board staff. The rest of what Bob Nakamura talked about is shown on the diagram. Anyone on the sign in sheet today will be informed of the official notice of the official process when it begins.

B. Nakamura asked if every firefighter in every fire department is doing emergency medical procedures? T. Eller said that most of the departments he is familiar with do, but he didn't know about all departments.

J. Johnson said it is a big commitment to credential maintenance. He doesn't think every firefighter will be EMT trained. B. Nakamura said that the variance requests have implied that every fire fighter is an EMT responder.

J. Johnson asked if B. Nakamura had asked police departments if all of their personnel had EMS training? B. Nakamura said that he had asked a sheriff's department because they are more likely to augment emergency responses than municipalities, and was told that some officers are trained. B. Taylor said that he suspected most police departments are not engaged in EMS procedures. B. Nakamura asked if private EMS companies work with fire departments that don't have enough EMS response. T. Eller said that for his company, yes. A lot of companies have an agreement with the county to supplement the fire departments. Mike Hill said the fire department has the responsibility to rescue, decontaminate if necessary, and turn them over to us. Employee training includes that whole process. B. Taylor said PASMA has some cities that contract with private EMS providers.

B. Nakamura said that he would like a realistic picture of what fire departments do both in the context of EMS services in fire and non-fire responses. J. Johnson said it should be SCBA use if there is a fire. B. Taylor said that for Anaheim, the dispatcher gets medical info from the call which is transmitted to the responder. A lot of times, responders don't have that information when they arrive on scene, but they do have the training to recognize and determine what the appropriate level of medical aid is needed.

B. Nakamura asked, when a fire fighter responds to a non-fire emergency what vehicle do they respond in, do all of the vehicles have all levels of respiratory protection?

M. Hill said yes, so far as he knows.

J Johnson said that clearly the Bloodborne Pathogen (BPP) regulation sets expectations for protection. This regulation might set expectations for a double duty under BPP and the respiratory protection standard.

S. Smith said DOSH is not mandating particular solutions. We are not going into the BPP standard.

Tyler Nguyen noted that in Santa Clara before the ATD regulation's adoption they had a non-fire EMS response. In jail, correctional officers donned PPE to get inmates out. So did responding firefighters. Turned out it was a fight between inmates. Post ATD we would provide appropriate equipment, we still have SCBA.

John Connors said their on-site people are trained to stabilize the injured and to allow local jurisdictions to transport. They have a crew of 25 EMS technicians.

Ed Calderon said he used to work for Shell; they had trained fire crews and responders. When there was an incident, the police department would remain at the perimeter outside the gate. The fire department would be outside until we allowed them and ambulances to come in once the situation was stabilized. We would also train select local fire department firefighters in our internal firefighting system.

B. Nakamura said that DOSH got a few emailed comments. One is from a firefighter opposed to the changes, because the P100 is resistant to both oil and water. Even moisture from exhalation might affect the electrostatic properties of an N100, says this respondent. The other comment supports the proposed language.

S. Smith asked if anyone shares the firefighter's concern about the greater P100 resistivity? Any experience with the N100 being more susceptible to moisture?

J. Johnson said that NIOSH certifies 3 N100s, 10 P 100s and no R 100s. Certainly the N will be more fragile to moisture. But if we go back into history, an N is designed for a clean environment, with no volatiles to degrade the electrostatic properties of the respirator. In a hospital I have no concern. But in an outside environment, the P is more resilient. There are some real issues on survivability and performance. Can the firefighter get it in his pocket? These rigid cups create a compatibility problem; how does he have it available to use? Of course the answer was it would be in a box on the truck. The N100 and P100 respirators are not available in the folding type, just the cup. I haven't looked into toughness of the N100, but the P100s are pretty tough.

B. Taylor said from my perspective, we should want to provide our people with more choices. You are talking about the moisture issue, but the fit, which we aren't talking about here is also a factor.

B. Nakamura said the last subject is: How will the personnel make a decision on appropriate respirator choice? How are they going to decide when they get on site what respirator they are going to use? Is the basic response to get the victim out before treatment?

B. Taylor said yes.

B. Nakamura said that's the easy case.

M. Hill said that speaking as a licensed paramedic, they have the N95s with the P100s handy in a kit.

B. Nakamura asked if it is all about the training for a firefighter?

J. Connors and E. Calderon nodded agreement.

B Nakamura said I'm just letting you here know that we may get a lot of comments on this.

J. Connors said the correct respirator is in the kit put together by the administrator. It's laid out.

T. Eller said the 5144 regulation is the deciding one, overlapped by ATD which is focused on the disease exposure.

J. Johnson said, before we leave this question, will you correspond with fire departments to ask this question? B. Nakamura said the fire departments on our list and the variance requesters will get a copy of the minutes. And once we do the actual rulemaking, we have to write up explanations for the proposed changes and hopefully others will read and comment.

B. Taylor asked what is the timeline? B. Nakamura responded it depends on workload. It would be good to resolve this soon. T. Nguyen asked if the full ATD regulation is in effect now. S. Smith said yes. This respirator part phased in, but every part is in effect now. T. Eller asked how long does a variance request take. S. Smith said 6 months or so. J. Johnson said he would like to see if there are any published studies on R100 (or N) filters performance in high humidity and other unclean environments. Has anybody tested them? It's such a small part of the market. My suspicion is it hasn't been looked at, at all. I wouldn't mind looking into the literature. B. Nakamura replied there are no field studies, but there is at least one experimental study that we saw a draft of. But if you will volunteer to survey the literature, that will be great.

S. Smith added that the reason we include R100s is for the possible future development of such respirators. B. Nakamura added we don't want to have to go through rulemaking again. Possibly we will have an announcement in a month about the results and next steps in this process.

S. Smith said we also have to provide cost estimates. If you have any data or comments on costs of the changes—more cost or less cost—some of the variance applicants portrayed this change as a cost savings—anything you can send us would be great. T. Eller said that for us it's 10% less for an N100 compared to a P100. S. Smith said per J. Johnson's comment, extra fit testing and inventory might be an additional cost.

B. Nakamura said I don't see us having an additional advisory meeting. If you have any future comments, send them to me by email.

Meeting adjourned.